



# Sex Offender Management Board Approved Statewide Provider List



## Statewide

### ***Abdul Basit, Ph.D.***

Name & Main Office Address: Abdul Basit, Ph.D.  
3612 W. Lincoln Highway, Suite 17  
Olympia Fields, IL 60461

Phone: (708) 767-3452  
Fax: (708) 720-0130  
Email: abasit97@aol.com  
Language(s): Arabic , English , Hindi , Urdu  
Licenses: IL LCP #071-005712

#### *Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	No	All applicant attestation qualifications:	Yes

### ***Affiliated Psychologists, LTD***

Name & Main Office Address: Patrick Hoatlin, LCSW  
4801 W. Peterson Avenue, Suite 525  
Chicago, IL 60646

Phone: (773) 286-3100  
Fax: (773) 777-7543  
Email:  
Language(s): English  
Licenses: IL LCSW #149-011120

#### *Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	No	All applicant attestation qualifications:	Yes

Name & Main Office Address: Barry M. Leavitt, Psy.D.  
4801 W. Peterson Avenue, Suite 525  
Chicago, IL 60646

Phone: (773) 286-3100  
Fax: (773) 777-7543  
Email: ckopeny@ap-ltd.com  
Language(s): English  
Licenses: IL LCP, Hare Psychopathy Checklist (PCL-R) Certification

#### *Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Name & Main Office Address: Ray Quackenbush  
4801 W. Peterson Avenue, Suite 525  
Chicago, IL 60646

Phone: (773) 286-3100  
Fax: (773) 777-7543  
Email: quaq@earthlink.net  
Language(s): English  
Licenses: IL Psychology License #091-006293, Clinical Member ATSA

#### *Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Name & Main Office Address: Phil Reidda, Ph.D.  
4801 W. Peterson Avenue, Suite 525  
Chicago, IL 60646

Phone: (773) 286-3100  
Fax: (773) 777-7543  
Email: ckopeny@ap-ltd.com  
Language(s): English  
Licenses: IL LCP, Hare Psychopathy Checklist (PCL-R) Certification, Diplomat American Board Professional Psychologists

#### *Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Name & Main Office Address: Laura T. Schultz, Psy.D.  
4801 W. Peterson Avenue, Suite 525  
Chicago, IL 60646

Phone: (773) 286-3100  
Fax: (773) 777-7543  
Email:  
Language(s): English  
Licenses: IL LCP

#### *Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Name & Main Office Address: Pamela C. Van Wyk  
4801 W. Peterson Avenue, Suite 525  
Chicago, IL 60646

Phone: (765) 721-7863  
Fax: (773) 777-7543  
Email: pcvw811@illicom.net  
Language(s): English  
Licenses: IL-LCPC, IN-LMHC, AL-LMFT, ATSA Clinical Member

#### *Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	No	All treatment provider qualifications?	Yes
Adult ?	No	All evaluation provider qualifications?	Yes
Juvenile ?	No	All applicant attestation qualifications:	Yes



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### ***Anthony T. Schaab, Ph.D.***

Name & Main Office Address: Anthony T. Schaab, Ph.D.  
929 N. East Avenue  
Oak Park, IL 60302

Phone: (708) 386-5203

Fax:

Email: aschaab@yahoo.com

Language(s): English

Licenses: IL LCP #071-003072

#### *Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	No	All treatment provider qualifications?	No
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

### ***Buck, Ph.D., Jacqueline N.***

Name & Main Office Address: #Error

Phone: (618) 549-2528

Fax:

Email:

Language(s): English

Licenses: IL Clinical Psychologist; ATSA Clinical Member

#### *Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

### ***Chester Mental Health Center***

Name & Main Office Address: Richard D. Johnson, Ph.D.  
1315 Lehman Drive  
Chester, IL 62233

Phone: (618) 826-4571

Fax:

Email:

Language(s): English

Licenses: IL CP; ILCPC; Nationally Certified Counselor,  
Certified Clinical Mental Health Counselor

#### *Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Name & Main Office Address: Christopher E. Leonard, LCSW  
P.O. Box 31  
Chester, IL 62233

Phone: (618) 826-4571

Fax: (618) 826-3229

Email:

Language(s): English

Licenses: IL LCSW #149-006035, MO LCSW #004849

#### *Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	No
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Name & Main Office Address: Carole Metzger, LCSW  
P.O. Box 31  
Chester, IL 62233

Phone: (618) 615-1687

Fax:

Email:

Language(s): English

Licenses: IL LCSW #149-008319

#### *Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Name & Main Office Address: James C. Morris  
1315 Lehman Drive  
Chester, IL 62233

Phone: (618) 826-4571

Fax: (618) 826-3229

Email:

Language(s): English

Licenses: LCSW #149-006336

#### *Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	No	All applicant attestation qualifications:	Yes

### ***Codispoti, MD, D-FAPA, Victoria Lisa***

Name & Main Office Address: Victoria Lisa Codispoti, MD, D-FAPA  
#2 Salem Business Center South  
Salem, IL 62881

Phone: (618) 548-0400

Fax: (618) 292-3437

Email:

Language(s): English

Licenses: IL & OH Lic. Physician & Surgeon Diplomate,  
American Board of Psychiatry & Neurology

#### *Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	No	All treatment provider qualifications?	No
Adult ?	No	All evaluation provider qualifications?	Yes
Juvenile ?	No	All applicant attestation qualifications:	Yes



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### ***Family Resources***

Name & Main Office Address: Nancy C. Moore  
805 W. 35th Street  
Davenport, IA 52806

Phone: (563) 445-0557

Fax:

Email: nmoore@famres.org

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Language(s): English

Licenses: LMSW; Licensed Direct Child Welfare Service Employee; IL Foster Care Licensed

### ***Forensic Psych Associates, Ltd.***

Name & Main Office Address: Robert H. Gordon, Ph.D.  
203 N. LaSalle Street, #2100  
Chicago, IL 60601

Phone: (312) 917-1610

Fax: (608) 756-5174

Email: rgordon@forensicpsych.com

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Language(s): English

Licenses: IL LCP

### ***Illinois Department of Corrections***

Name & Main Office Address: Katherine Ingraham, LCSW, CADC, CSOTS  
100 W. Randolph, Suite 4-200  
Chicago, IL 60601

Phone: (312) 953-1061

Fax:

Email: kingraham@idoc.state.il.us

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	No	All applicant attestation qualifications:	Yes

Language(s): English

Licenses: IL LCSW IL 149-011322, CADC IL-21289, CSOTS #24941

### ***Kirk Witherspoon, Ph.D.***

Name & Main Office Address: Kirk Witherspoon, Ph.D.  
722 - 23rd Avenue Court  
Moline, IL 61265-4624

Phone: (309) 762-2922

Fax: (309) 762-8394

Email: kirkwitherspoon@mchsi.com

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	No	All treatment provider qualifications?	No
Adult ?	No	All evaluation provider qualifications?	Yes
Juvenile ?	No	All applicant attestation qualifications:	Yes

Language(s): English

Licenses: IL LCP 71-2839

### ***Psychological & Counseling Center***

Name & Main Office Address: Ronald Matthew  
N7193 3rd Court  
Westfield, WI 53964

Phone: (715) 347-1311

Fax: (715) 344-8127

Email: ronlewmatt@yahoo.com

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Language(s): English

Licenses: IL #071-002091, WI #2434-057

### ***Ruth Boutin Kuncel, Ph.D.***

Name & Main Office Address: Ruth Boutin Kuncel, Ph.D.  
911 N. Elm Street, #320  
Hinsdale, IL 60521

Phone: (630) 325-4310

Fax: (630) 617-5751

Email:

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Language(s): English

Licenses: Licensed Clinical Psychologist #071-002327



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### *Tri-County Mental Health Professionals*

Name & Main Office Address: Robert T. Baker III, PsyD  
62 W. Washington  
Oswego, IL 60543

Phone: (312) 201-5900

Fax: (312) 201-5917

Email: rtb@adler.edu

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Language(s): English

Licenses: IL LCP #071-006239

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Name & Main Office Address: Lloyd Thomas Cunningham, Psy.D.  
62 W. Washington  
Oswego, IL 60543

Phone: (630) 554-0555

Fax:

Email: ltc53@hotmail.com

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	No
Juvenile ?	No	All applicant attestation qualifications:	Yes

Language(s): English , Spanish

Licenses:

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Name & Main Office Address: Patricia L. Grosskopf  
62 W. Washington  
Oswego, IL 60543

Phone: (815) 727-5081

Fax: (815) 740-8148

Email:

*Services Provided:*

Evaluations ?	Yes	Provider Meets the following qualifications:	
Treatment ?	Yes	All treatment provider qualifications?	Yes
Adult ?	Yes	All evaluation provider qualifications?	Yes
Juvenile ?	Yes	All applicant attestation qualifications:	Yes

Language(s): English

Licenses: MA in Clinical Psychology, Certified in Group Therapy